



**STATE OF WEST VIRGINIA  
BOARD OF REGISTERED NURSES  
5001 MacCorkle Avenue, SW  
South Charleston, WV 25309**

## NAME CHANGE AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, formerly the undersigned \_\_\_\_\_  
\_\_\_\_\_, being duly sworn according to law, do depose that on the day of \_\_\_\_\_, 20\_\_\_\_,

I was married/divorced to/from (spouse) \_\_\_\_\_,

in County \_\_\_\_\_, State \_\_\_\_\_ and that my name has been

changed from (former name) \_\_\_\_\_,

to (current legal name) \_\_\_\_\_.

Signature of Affiant (nurse) \_\_\_\_\_ License Number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for

(SEAL)

COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

First complete the online name change form in your nursing portal, and then mail this completed notarized form to:

West Virginia Board of Registered Professional Nurses  
5001 MacCorkle Avenue, S.W.  
South Charleston, WV 25309